

Summerhouse Limited

Eldercare

Inspection report

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Malton
North Yorkshire
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Date of inspection visit:
18 December 2017
02 January 2018
10 January 2018

Date of publication:
07 March 2018

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Inspection site visit activity started on 18 December 2017 and ended on 10 January 2018. There have not been any published inspection ratings for this service, as it was previously registered and run by a different provider. Under the previous registration the service was rated requires improvement with two breaches of regulation in relation to good governance and fit and proper persons employed. Although this is a new registration, this information is relevant because the current nominated individual for the registered provider and registered manager was also a director of the previous company and was responsible for its operation throughout.

Eldercare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, some of whom are living with dementia. The service provides care and support to people living in Malton and surrounding areas. At the time of our inspection, there were 36 people using the service.

At the time of our inspection, the service had a registered manager. They had been the registered manager since August 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we found risk assessments were in place but not for all of the areas relevant to each person. Information contained in them was limited and did not provide sufficient details to enable staff to manage risks effectively. Medicines had not been administered as prescribed and staff had not received relevant training. Accidents and incidents had not been recorded accurately or monitored by the registered manager. People and staff told us they did not feel their confidentiality was respected.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 - Safe care and treatment.

Staff recruitment processes had not been followed. Applications did not contain full employment history, any gaps in employment had not been explored, interviews had not been recorded and references did not contain dates to evidence they had been received prior to employment commencing.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 - Fit and proper persons employed.

Staff had not received training to ensure they had the skills and knowledge they needed to provide care and support to people. Regular supervisions and appraisals had not been conducted by management and staff told us they did not feel supported within their role.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 - Staffing.

Audits had not been completed to monitor and improve the quality of the service. Thorough, up to date records were not kept. Throughout the inspection we found a number of concerns that the registered manager was not aware of. We found people were at risk of harm because the registered provider and registered manager did not have systems or processes in place to ensure compliance with regulations.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 - Good governance .

You can see what action we told the provider to take at the back of the full version of the report.

Training records showed that not all staff had up to date safeguarding training. However, the staff we spoke with were able to describe the different types of abuse and action they would take if they suspected abuse was taking place.

People consented to care and support from staff by verbally agreeing to it. Some care plans evidenced people had been involved in planning their care as signatures were present, but this was not consistent for everyone.

Care plans contained details of people's nutritional preferences. However, we found that where fluid monitoring charts were in place for people who were at risk of dehydration, these were not always completed accurately to state the amount of fluid that had been given. There was evidence of working relationships with other professionals to maintain and promote people's health. However, guidance provided had not always been followed.

People we spoke with told us that they were well cared for by staff and had no complaints with regards to their approach. All the people we spoke with said they felt staff treated them with dignity and respect.

Care plans did not always contain enough information to meet individual's support needs and had not always been reviewed in a timely manner. Complaints had not always been fully recorded to evidence they had been responded to appropriately.

Regular staff meeting had taken place. However, staff told us the management team were not supportive or approachable. People who used the service had been asked to provide feedback.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept

under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Safe recruitment processes had not been followed.

Medicines had not been administered safely and there was not enough guidance in place for staff to follow. Staff had not received medicines training.

Risk assessments were not in place when required. Accidents and incidents had not been recorded accurately or monitored by the registered manager

Training records showed that not all staff had up to date safeguarding training. However, staff were able to describe the different types of abuse and action they would take if they suspected abuse was taking place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received training to ensure they had the skills and knowledge they needed to provide care and support to people.

Regular staff supervisions and appraisals had not been conducted by management. Staff did not feel supported within their role.

People were support to maintain a balanced diet. Guidance from other professionals was not always followed.

People consented to the care provided by verbally agreeing to it.

Staff understood and followed the principles of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People and staff did not feel their confidentiality was upheld.

People felt they were well cared for by staff and had no complaints with regards to their approach.

All the people we spoke with felt staff treated them with dignity and respect.

Is the service responsive?

The service was not always responsive.

Care plans did not always contain enough information to meet individual's support needs and had not been reviewed in a timely manner.

Complaints had not always been fully recorded to evidence they had been responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The registered manager had very little oversight of the service.

Quality assurance processes were not in place to monitor and improve the quality of the service.

Staff told us the management team were not supportive or approachable.

Inadequate ●

Eldercare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 18 December 2017 and finished on 10 January 2018. It included visits to the registered provider's office location and telephone calls to people who used the service and staff. We gave the provider 48 hours' notice of the inspection site visits because we needed to make sure someone would be available at the office location.

The first day of inspection was carried out by one adult social care inspector. The second day of inspection was carried out by two adult social care inspectors. An expert by experience made calls to people on 19 and 20 December 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Their area of expertise was in care of older people.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had not been requested to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we reviewed a range of records. These included seven people's care records containing care planning documentation and daily records. We also reviewed a number of medicine records. We looked at six staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection process, we spoke with seven members of staff including the registered manager and both care managers. We also spoke with nine people who used the service and four relatives to gain their views on the service provided.

Is the service safe?

Our findings

Risk assessments were in place but not for all of the areas relevant to each person. We found that information contained in them was limited and did not provide sufficient details to enable staff to manage risks effectively. We looked at a risk assessment relating to moving and handling. Where a person used a hoist for all transfers, their risk assessment stated 'needs assistance.' However, there was no further information recorded to guide staff on any action they should take to reduce risks during transfers. Another person had been assessed as 'high risk' for poor skin integrity but no risk assessment had been completed.

When people had specific medical conditions that placed them at increased risk, we found care plans contain insufficient information and risk assessments had not been completed. For example, one person had diabetes but there was no information recorded in the care plan on how this should be managed and no risk assessment had been completed.

One person had a urinary catheter in place. The records we looked at did not reflect this information. We discussed this with the care manager who told us the use of a urinary catheter was a recent change. However, information recorded in the person's daily notes showed that the catheter had been in place for over six weeks. We found written evidence that, on several occasions, staff had provided catheter care incorrectly resulting in the person becoming uncomfortable. Staff told us they had not received any training with regards to catheter care. One member of staff said, "I do not feel confident with catheter care at all. We have had no training and are just expected to get on with it." Another member of staff told us, "I had to change a leg bag and had no idea how to do it. There is no guidance at all."

We found that risk assessments were not regularly reviewed to ensure they reflected people's current needs. We discussed our findings with the registered manager who agreed that improvements were needed.

When people had suffered an accident or incident these had been recorded by staff. However, the records did not contain sufficient detail. For example, staff had not recorded their full name, the time of the incident or accident and action taken as a result. We found accidents and incidents were not reviewed by the registered manager or analysed to look for trends. They were unaware of the omissions we found.

People's use of medicines was recorded using a medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered. MARs showed that medicines had not been administered safely and as prescribed and we found evidence that this had resulted in harm to a person. One person was prescribed a topical medicine to be applied twice daily. MARs evidenced that staff had not consistently applied this medicine which had resulted in a breakdown of their skin.

We looked at a sample of MARs and found they all had information missing. For example, some MARs were not dated and contained several gaps which indicated medicines had not been administered. They did not contain details such as dose, frequency and route for each medicine to ensure staff had the appropriate details to administer medicines as prescribed. We discussed our concerns with the registered manager. They

were not aware of the concerns we found and told us MARs were not audited to ensure medicines had been recorded and administered safely.

We checked what training staff had been provided regarding medicines arrangements. Of the 13 staff employed, only one had up to date medicines training. We found examples where staff had administered medicines to people without any training.

The lack of risk assessments in place, failure to monitor accidents and incidents and poor medicine management are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 - Safe care and treatment

The provider employed 13 members of staff and we selected six staff recruitment files at random. We could see from the records that safe recruitment procedures had not been followed. Applications did not contain full employment history, any gaps in employment had not been explored, interviews had not been recorded and references did not contain dates to evidence they had been received prior to employment commencing.

We found two examples where matters had been disclosed on applicant's Disclosure and Barring Service (DBS) certificates. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults. The registered manager had not risk assessed the suitability of these applicants given the information disclosed. We discussed this with the registered manager who told us they had full discussions with the one member of staff about the matters but this had not been recorded.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 - Fit and proper persons employed.

People we spoke with told us they felt safe. One person said, "They are good. I couldn't manage without them." Another person told us, "I'm absolutely happy with everything, never had a problem with my care. I feel very safe."

Current records showed that people were supported by a consistent team of staff and some of the people we spoke with confirmed this. One person told us, "We get a rota emailed each week so we always know who is coming but it's generally the same girls." However, relatives we spoke with told us that there had been times when the provider had been unable to provide support. They said, "Generally it's the same group of carers but sometimes there are no carers to provide care. It's important that [person's name] has continuity of carers, it's important for her confidence" and "[Person's name] has a small group of carers who come in. I give the office an annual plan which details respite nights but there are still times when Eldercare say they don't have a carer available which means I have to provide the care."

We discussed this with the registered manager who was unaware of these concerns. We asked them to investigate further.

Training records showed that not all staff had up to date safeguarding training and staff we spoke with confirmed they had not completed any recent training in this area. However, staff who were able to described the different types of abuse and action they would take if they suspected abuse was taking place. Safeguarding referrals had been made to the local authority when required and the registered manager was clear on the process they needed to follow.

When we discussed the whistle blowing policy with staff they told us were confident in raising concerns and had raised concerns previously but confidentiality had not been followed by management. Comments included, "If you report bad practice it would get back to the person. There is no confidentiality" and "I don't think whistle blowing concern are dealt with as it should be by management." We discussed this with the registered manager who confirmed this had been an issue previously but action had been taken to address the concern.

Throughout the inspection, staff entered the office location and were able to help themselves to personal protective equipment (PPE), such as gloves and aprons. People we spoke with told us staff followed good infection control practices. One person said, "They are good. They wash their hands and always wear gloves. I can't say I have noticed any issues in that respect."

Is the service effective?

Our findings

The provider's supervision policy stated that 'each supervision session should take place every six to eight weeks.' This had not been followed. Staff had not been sufficiently supported by management. Regular supervisions had not taken place and staff we spoke with confirmed this. Comments included, "Support, what support? I don't get any" and "I don't think I have ever had a supervision." Records showed that ad-hoc observations had taken place for some staff whilst others had received no support since employment commenced. For example, one care worker commenced employment in September 2017. They had received no supervisions or observations. Another member of staff was employed in November 2010 under the previous registration. They had one supervision record on file dated May 2013. No other supervisions had been completed.

We asked the registered manager what support they provided to the two care managers. They told us regular one to one supervisions took place. However, when we checked there was no recorded evidence of any supervisions taking place. The care managers told us they did have regular discussions with the registered manager but these were not formal supervisions.

Some annual staff appraisals had been completed by one of the care managers. However, records showed that feedback the care manager had provided about the member of staff's performance had not been shared with the member of staff. We discussed the importance of sharing the content of an appraisal with staff so they were aware of how they had performed and the areas they needed to improve on.

Staff had not been provided with sufficient training to ensure they had the knowledge and skills to carry out their roles. The training matrix that was in place clearly evidenced that training the provider considered mandatory had not been completed or updated and staff we spoke with confirmed this. For example, only four staff had up to date safeguarding training and only one member of staff had up to date food hygiene training. We found examples where staff were providing support to people in specialist areas such as diabetes and catheter care. However, no training had been provided in these areas and no training plans were in place.

Staff told us they did not receive sufficient training. One care worker told us, "I have only done two training courses. I am sure the management think giving us a booklet to read is classed as training. I have had to learn from other staff."

Failure to provide sufficient support and training to staff is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 - Staffing.

We asked staff to tell us about their induction process. Staff told us had attended an induction that lasted approximately one hour and required to complete the care certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected; it is completed over a 12 week period. New staff were also required to work alongside a more experienced member of staff before working alone in the community. This usually lasted three weeks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. At the time of this inspection, the service was not currently supporting anyone who lacked capacity to consent to their care. The care managers were clear on the process they would follow if they suspected a person lacked capacity, such as contact relevant professionals.

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. People we spoke with confirmed this. One person told us, "I'm in control of my care plan and everything is recorded in the book." Another said, "They (staff) always ask before doing anything."

Some care plans evidenced people had been involved in the planning of their care as their signatures were present, but this was not consistent for everyone. However, all the people we spoke with were aware of the content of their care plan, where it was stored and were clear they could read it whenever they wished.

Some people who used the service required support from staff with meal preparation. We found that care plans contained details of people's preferences, such as how they liked their cup of tea made. Records evidenced that when concerns had been raised by other professionals, such as dieticians or GP's and advice had been provided with regards to fluid intake, this had not always been followed. For example, fluid monitoring charts were not always completed accurately to state the amount of fluid that had been given to a person. Management did not complete any audits with regards to these monitoring charts. They were not aware they had not been completed correctly.

People told us they were happy with the support they received with regards to nutrition. One person told us, "I never go without. They (staff) see that I am well fed and have regular meals and snacks."

Care records contained some evidence of working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses and social workers, although professionals had not always been contacted in a timely manner. For example, one person was prescribed a laxative medicine which was to be taken once daily. The person had refused this medicine for four consecutive weeks and no medical advice had been sought.

People were clear about how they could get access to their own GP and other professionals and that staff at the service could arrange this for them.

Is the service caring?

Our findings

We discussed access arrangements with staff and how they were informed of people's preferences. They told us most of the time they were notified by the office of arrangements, such as if a key code was to be used or if the person preferred staff to knock and wait at the door. However, they said this was not always consistent. On some occasions when staff had visited a person who used the service for the first time, they had not always been informed of access arrangements which had caused distress to people.

Although we received some negative comments with regards to the management of the service we received consistent high regard for the staff delivering the support in the community. People told us that they were well cared for by staff and had no complaints with regards to their approach. Comments included; "The girls are very kind and helpful," "The staff are very, very caring and do everything they can for you" and "I am treated very well by all the staff."

During the inspection, people and staff raised concerns with regards to confidentiality and told us they did not feel this was always respected. We discussed this with one of the care managers who told us they had identified this as a concern following a recent satisfaction survey and action had been taken to try and address this.

We discussed with staff how they ensured they treated people with dignity and respect. It was clear from these discussions that staff had an understanding of dignity and respect and what was expected of them within their role. One member of staff told us, "Dignity and respect is a big thing when you are going into someone's home. I try to think about how I would feel in their shoes so I always knock on doors and ask before doing anything."

All the people we spoke with said they felt staff treated them with dignity and respect. Comments included, "They certainly do. This is my home and they understand and respect that" and "They do things my way. I can be fussy but the regular staff know how I like things to be done and my routine. It is always respected."

People were familiar with staff who visited them. They knew their names and people told us they had a rough idea of who would be coming to visit them. People were able to specify times they would prefer for staff to visit. Times of their calls could be changed to accommodate medical appointments or family engagements. One person told us, "I have asked for my lunch call to be changed a few times because of appointments and the office have sorted that for me."

It was evident from discussions with staff that they knew people well, including their personal history, preferences and likes and dislikes. Staff we spoke with told us that relationships had been built as they had visited people on a regular basis. They spoke passionately about the people they supported and discussed how much they enjoyed helping them remain independent in their own homes. Comments included, "I love the job and the people I support. I can go home feeling happy that I have had a positive impact on a person's life."

At the time of our inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. One of the care managers told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. Comments included, "I get all of the help I need" and "They do all that I ask. If I am not well they do a bit extra. They are always willing."

We spoke to the manager about how they ensured they were able to meet a person's needs before a new care package commenced. They told us the local authority would usually contact the office and provide address details, times and frequency of calls and any relevant medical conditions. They would then look to ensure they would be able to meet the person's needs and a home visit would be arranged which was usually completed by one of the care managers. Care records we looked at confirmed this.

We looked at seven care plans and found they did not always contain enough information to meet individual's support needs. For example, one person was diabetic but this was not covered within the care plan. Another person had suffered a stroke and the local authority assessment detailed that the person should be encourage to walk and transfer. However, we found this was not detailed in any care plans put in place by the provider.

We could see that care plans were not always dated and had not always been reviewed in a timely manner. For example, information relating to incontinence had not been updated following a change that occurred six weeks previously. When changes in skin integrity had occurred, this was not reflected in a person's care records.

The staff we spoke with were knowledgeable about people's needs but told us they were not provided with enough information. One care worker told us, "The care plans are very basic and although they have some useful information in, like what people like to have for breakfast, other things such as checking a person's skin for sores is not. When you visit people regularly you get into a routine but for new people it would help if we had all the information to hand." Another member of staff told us, "Care plans don't really get updated as they should. I have been to a few people where their records state one thing but that isn't the support they require anymore."

During the inspection, we found that staff did react to people's changes in support needs and delivered the care and support that was needed. For example, if a person's mobility had deteriorated and additional staff were needed to help with support. However, this was not always recorded to ensure staff were delivering this support in a safe way. We discussed with the registered manager the importance of updating care records to ensure they contained the most up to date information. They agreed improvements were needed.

Some care records contained detailed information about people's life history, including likes and dislikes, relationships and hobbies and interests. Staff told us how they found this level of information useful and they could use it to stimulate conversations.

The service was currently supporting a number of people with end of life care. We asked to look at one person's end of life care plan and found this contained very limited information. There were no details

around the person's wishes or any other personal preferences they had. We discussed this with one of the care managers who told us, "Generally we are asked to provide support at the very end stages of life and most of those decisions are made prior to our involvement. We work alongside other professionals who have that information recorded. It would not be appropriate for us to ask people for such information in their final days."

It was clear from the training records we viewed that staff had not received any training with regards to providing end of life support. We discussed this with one of the care managers who told us they were planning training in this area, as they had been a recent increase in the request for providing this type of support but no training had been sourced at the time of this inspection.

We asked people if they had been involved in the development of care plans and if discussions had taken place around what was important to them. One person told us, "Oh yes, I got to decide what support I wanted and there is a folder that has all that information in."

The registered manager told us that records of any complaints were kept in individual's files. We found the registered manager had very little oversight of any complaints raised and was unable to specify how many complaints had been made in the past 12 months.

We looked at three people's care records and found complaints had been recorded and included the provider's written acknowledgement. However, complaints did not always contain a full audit trail. For example, a complaint was made in June 2017 and an acknowledgement letter had been submitted by one of the care managers but there were no details recorded regarding the outcome of the complaint. We discussed this with the registered manager who told us one of the care managers had discussed the concerns with staff and then written a letter of apology to the person. We explained the importance of having a full audit trail to evidence that complaints had been responded to appropriately.

We asked the registered manager if they had a complaints policy in place. They told us they did not. Following the inspection, the registered manager was able to locate a complaints policy and this was sent to us. We found information on how to make a complaint was included in the service user handbook which was given to people when they began to receive a service.

People told us they would not hesitate in making a complaint. Comments included, "I would just contact the office if I was not happy" and "The office are quite good. I am sure they would sort anything if I asked them."

Is the service well-led?

Our findings

The service had a registered manager in place who had registered with CQC in August 2016. The manager was also registered to manage another location, Eldercare, based in Pickering. The registered manager is also the nominated individual for the registered provider and one of the company directors.

There have not been any published ratings against this location, as it was previously registered and run by a different provider. Under the previous registration the service was rated requires improvement with two breaches of regulation in relation to good governance and fit and proper persons employed. Although this is a new registration, this information is relevant because the current nominated individual and registered manager was also a director of the previous company and was responsible for its operation throughout.

Medication audits had not been completed. The registered manager told us that no checks were in place to ensure staff were completing these records appropriately and to ensure people were receiving their medicines as prescribed. We found numerous examples of poor records in relation to medicines which had occurred consistently over a 12 month period. No action had been taken to address these issues.

Accidents and incidents were not audited or analysed to look for trends or associated risks. The registered manager had no overview of any accidents or any subsequent action staff had taken after an accident or incident had occurred. They were not aware these records had been completed incorrectly by staff until this was identified during the inspection.

Care plans and risk assessments had not been updated or reviewed when required. We identified that staff had not completed fluid monitoring forms correctly. The registered manager was not aware of this as no audits of care records were taking place.

The registered manager did not assess staff competencies in areas such as moving and handling and medicine administration. Training had not been provided to staff to ensure they had the skills and knowledge to carry out their role. We found staff were working alone in the community without any training being provided. Training in specialist areas such as catheter care, end of life care, administering eye drops and diabetes had not been considered and there were no plans in place for this to be arranged. The registered manager had very little oversight of staff training records and did not take responsibility for arranging training as and when it was required.

Insufficient support had been provided to staff. Although group staff meetings took place, we found evidence that staff had not received regular face to face supervisions and staff we spoke with did not feel supported by the management team. Comments included, "They are very unprofessional," "You only ever hear about the things you have done wrong. They forget that they don't give you the support you need so they are to blame for most errors" and "It's not a great place to work with regards to management." When we shared some of this feedback with the registered manager they acknowledged there had been issues in the past but explained discussions had taken place and things had improved. They told us they would ensure they looked at this concerns again and continue to implement improvements.

Safe recruitment processes had not been followed. Whilst the provider had a policy in place, this had not been implemented and the decision to employ people with criminal convictions had not been risk assessed to ensure suitability of the person working with vulnerable adults.

Whilst the registered manager was supported by two care managers who took responsibility for the day to day running of the service, we found the registered manager had very little oversight of the service overall. The care managers led on recruitment, training, supervisions, initial assessments and care planning with no input from the registered manager. We had significant concerns over the registered manager's abilities and we discussed this with them. They advised that moving forward, one of the care managers would register as manager for the service.

The registered manager had failed to assess, monitor and improve the quality of the service and act on feedback that was provided. They had failed to keep accurate, complete and contemporaneous records and did not have systems in place to ensure compliance with regulation.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Regular staff meetings had taken place and records we looked at confirmed this. We found these meetings were well attended and provided the care managers with the opportunity to share any concerns or issues that needed to be addressed.

People who used the service had been asked to provide feedback in April 2017. Of the 16 responses received, six people said they were not aware of the complaints policy and procedure. As a result, the care managers had arranged for copies of the complaint procedure to be sent to all people who used the service. Three people also commented they were not confident their confidentiality was adhered to. One of the care managers told us as a result of this a discussion took place during a staff meeting in May 2017. However, the care manager was unable to produce the minutes of this meeting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been assessed where required. The provider had failed to do all reasonably practicable to mitigate risks. Medicines had not been administered safely.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment processes had not been followed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not been provided with appropriate training and support to ensure they had the knowledge and skills to carry out their roles.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance audits had not been completed to monitor and improve the service. Effective systems and processes were not established to ensure compliance with regulations. Accurate and complete records were not kept.</p>

The enforcement action we took:

Warning notice